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PTO/SB/50 (4/98)

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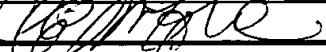
REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	Attorney Docket No.	501.34189R00
	First Named Inventor	Nakamura
	Original Patent Number	5,777,391
	Original Patent Issue Date (Month/Day/Year)	7/7/98
	Express Mail Label No.	

APPLICATION FOR REISSUE OF:
(check applicable box) Utility Patent Design Patent Plant Patent

APPLICATION ELEMENTS		ACCOMPANYING APPLICATION PARTS	
1. <input checked="" type="checkbox"/>	* Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/>	Foreign Priority Claim (35 U.S.C. 119) (if applicable)
2. <input checked="" type="checkbox"/>	Specification and Claims (amended, if appropriate) (including new broadened claims)	8. <input type="checkbox"/>	Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
3. <input checked="" type="checkbox"/>	Drawing(s) (proposed amendments, if appropriate)	9. <input type="checkbox"/>	English Translation of Reissue Oath/Declaration (if applicable)
4. <input type="checkbox"/>	Reissue Oath / Declaration (original or copy) (37 C.F.R. § 1.175)(PTO/SB/51 or 52)	10. <input type="checkbox"/>	* Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, (PTO/SB/09-12) <input type="checkbox"/> Status still proper and desired
5. Original U.S. Patent <input type="checkbox"/> Offer to Surrender Original Patent (37 C.F.R. § 1.178) (PTO/SB/53 or PTO/SB/54)	or <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Affidavit / Declaration of Loss (PTO/SB/55)	11. <input type="checkbox"/>	Preliminary Amendment
6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		12. <input checked="" type="checkbox"/>	Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
(If Yes, check applicable box(es))			
<input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53 or 54) <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney			
<p style="border: 1px solid black; padding: 5px;">* NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).</p>			

14. CORRESPONDENCE ADDRESS				
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Signature			Date 7/7/00

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REISSUE APPLICATION FEE DETERMINATION RECORD					Docket Number (Optional) 501.34189R00			
Claims as Filed - Part 1								
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 22	Total Claims (37 CFR 1.16(j))	(B) 90	**** 68	= x \$__ =		or x \$18 =	1224.00	
(C) 5	Independent Claims (37 CFR 1.16(i))	(D) 10	* 5	= x \$__ =		x \$78 =	390.00	
Basic Fee (37 CFR 1.16(h)) \$_____					\$ 690.00			
Total Filing Fee \$_____					OR \$ 2304.00			
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$__ =	or x \$__ =		
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$__ =	x \$__ =		
Total Additional Fee \$_____					OR \$_____			
* If the entry in (D) is less than the entry in (C), Write "0" in column 3. ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. *** After any cancelation of claims **** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20). ***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).								
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.								
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 01-2135. A duplicate copy of this sheet is enclosed.								
<input checked="" type="checkbox"/> A check in the amount of \$ 2304.00 to cover the filing / additional fee is enclosed.								
<u>July 7, 2000</u> Date					 Signature of Applicant, Attorney or Agent of Record			
<u>Gregory E. Montone</u> Typed or printed name Registration No. 28,141								